



Certification Program WIC Orientation Module

Level I



Colorado Department of Public
Health and Environment
Nutrition Services/WIC Program
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WIC #610 (revised 6/11)

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Preface

Welcome to the Special Supplemental Nutrition Program for Women, Infants, and Children, better known as WIC! After observing in the clinic for a few days, you may be wondering how you will ever know all of the WIC Program's details and be able to start serving participants!

Fortunately, the Colorado WIC Program has a training program that will help you develop the knowledge and skills necessary to successfully do your job.

This module will guide you through some of the first steps necessary to gain the skills for your new position. Namely, to learn background information about the WIC Program, its functioning and your role.

How to Use This Module

The WIC Orientation Module is the foundation for learning about the WIC Program. Each section contains a number of learning activities that could include:

- reading,
- responding to questions,
- watching a video,
- reinforcement activities, and
- practicing hands on

Each section begins with performance objectives that you should be able to achieve at the completion of the module. It is best to complete the sections in the sequence presented. Before beginning, discuss the training with your supervisor. Someone in your clinic should be available to demonstrate the techniques and skills you will need to become proficient in your job. Find out from your supervisor if there are any special instructions for you and to whom you should go for assistance, such as a trainer or preceptor.

The reference books you will use along with the *WIC Orientation Module* are the *Colorado WIC Program Procedure Manual* and the *Colorado WIC Mini-Manual*. Have these within reach as you begin this module. These manuals will become important to you on the job!

You must study and practice so that you may acquire the skills and the confidence needed to provide WIC services. If you have questions during your training, do not hesitate to ask your supervisor or your trainer for the answers.

The WIC Program provides specific nutritious foods, nutrition education and health care referrals to pregnant, breastfeeding and postpartum women, and to infants and children up to their fifth birthday. Take pride in knowing that you are contributing to a program that improves its recipients' quality of life.



SECTION I: WELCOME TO THE COLORADO WIC CERTIFICATION PROGRAM

PERFORMANCE OBJECTIVES

Upon completion of this section, you should be able to:

1. Describe two main parts of the WIC Certification Program.
2. Create a schedule for your completion of the WIC Certification Program.
3. Identify and locate resources in the clinic that will provide information to do your job.

The Colorado WIC Certification Program

The Colorado WIC Program includes over 40 local agencies. Each agency is required to incorporate the Colorado WIC Certification Program into their local training program. Some agencies will provide a separate training for you while others may use primarily on-the-job training in conjunction with the Certification program.

At the WIC clinic, a Certified WIC Authority (CWA) is a person who is trained and can determine the applicant's risk factors. This person has completed the WIC Certification Program and will review your work until you become a CWA.

The Certification Program has two main parts: Certification Modules and on-the-job training.

Certification Modules - Individual study modules are divided into three levels. Level I focuses on WIC policies and procedures while Level II and III contain information on nutrition, and counseling skills.

The modules are designed for self-paced learning. At the end of this section is a form you will use to set timelines. Your supervisor or trainer is available to assist with your questions, keep you on track, and evaluate your performance throughout the modules.

The modules contain a wealth of information you may need to refer to from time to time. It is recommended you keep them in a binder for future reference. As modules are revised, keep a copy of the most recent revision on hand. A description of each module level follows.

Level I

Level I consists of training experiences that enable you to:

- discuss the purpose of WIC;
- understand and perform the procedures to determine eligibility of participants, including collecting height, weight, and hematological data, and assessing nutrition risk factors;
- enroll WIC participants and provide an explanation of WIC;
- refer participants to other health care providers/agencies; and
- determine appropriate food packages and issue WIC checks.

Level I materials include*:

- WIC Orientation Module, "Introduction to WIC" video, and Post Test
- Screening Module and Post Test
- WIC Food Package Module and Post Test
- Nutrition Risk Factor Module and Post Test
- Observation Checklist - Supervisor will complete
- Chart Audit Checklist - Supervisor will complete

All of these must be completed within **three months** of employment. It is expected that the Level I modules be completed prior to staff attending the State Office New Employee Training program. A minimum score of 90% must be achieved on all tests. Anyone scoring less than 90% on a test must retake it until a passing grade is obtained. Upon completion of each module, give your completed post test to your supervisor. Once all Level I modules are completed and you receive passing grades for all modules, supervisors or trainers need to submit these scores to the State Office and an official certificate of completion will be mailed to the employee.

Level II

Level II consists of information and learning experiences to develop and reinforce your understanding, confidence and ability to work with participants on nutritional issues of basic nutrition, pregnancy, infancy, childhood, and breastfeeding.

Level II materials include:

- Prenatal Nutrition Module and Post Test
- Breastfeeding Module and Post Test
- Infant Nutrition Module and Post Test
- Preschool Nutrition Module and Post Test
- Basic Nutrition Module and Post Test

All module post tests in Level II must be completed within **six months** of employment. A score of 90% must be achieved. Anyone scoring less than 90% on a test must retake it until a passing grade is obtained. Once all Level II modules are completed and you receive passing grades for all modules, supervisors or trainers need to submit these scores to the State Office and an official certificate of completion will be mailed to the employee.

Level III

Level III focuses on value enhanced nutrition assessment (VENA), critical thinking skills and health outcome-based assessments.

Level III is an online module accessed on the USDA WIC Works website called Value Enhanced Nutrition Assessment. There are three components of the module that include Introduction to VENA, Critical Thinking, and A Health Outcome-Based Assessment. All three components need to be completed.

The Value Enhanced Nutrition Assessment online module must be completed within **12 months** of employment. To complete the online module you must access the WIC Works Resources System website and log on to the online learning modules. You may need to create a username and password if you have not accessed these modules before. Once you log in with your username and password, you may begin the Value Enhanced Nutrition Assessment module. There is a post test at the end of the

online course that needs to be completed and a score of 90% must be achieved. This test can be taken more than once. The test score report can be printed listing the students name, course title and test score. Once the online module is completed and you receive a passing grade, supervisors or trainers need to submit the score to the State Office and an official certificate of completion will be mailed to the employee.

WIC Works Resources System:

http://wicworks.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=1&tax_subject=642

Professional Development

In addition to the certification program it is required that all WIC staff are periodically trained and updated on nutrition and related health issues. In fact, all staff personal are expected to attend at least two training sessions each year. The State WIC Office typically offers at least one educational opportunity each year such as a State Meeting or regional workshop.

Resources

Many resources are available from the State Office to help you stay current on health and nutrition topics. State Office directly mails some of these resources to you such as:

- Colorado WIC News* - a bimonthly newsletter which highlights program and nutrition information specific to the Colorado WIC Program. This is your primary source of new information.
- Colorado Breastfeeding Update* - a quarterly newsletter for health care providers that is sent to agencies for distribution in their communities.
- WIC's WORLD* - a quarterly newsletter distributed to WIC vendors (i.e., stores participating in the WIC Program) and a copy is sent to each WIC agency.



Resources already available in your clinic:

- Colorado WIC Formula Guide* - This is primarily a reference book for use by the RD/RN. It provides general information on infant formulas, special formulas, and medical foods. It identifies the products that are available through WIC.
- High Risk Protocols* - This is a reference for the WIC RD/RN. It outlines protocols for providing care to participants as being at high nutritional risk.
- Colorado WIC Program Procedure Manual* - This manual contains all of the regulations, procedural, financial and reporting requirements of the USDA and the Colorado WIC Program.
- Colorado WIC Mini-Manual* - This manual is a condensed version of the Colorado WIC Program Procedure Manual. It is to be used as a reference for routine WIC procedures.

_____ 's Plan for Learning
(your name)

(Copy this page for your supervisor once you fill in the Projected Completion Dates)

<u>Level I</u> (Complete within 3 months of employment)	Projected Completion Date	Date Completed	Given to Trainer	Score
WIC Orientation Module & Post Test & Video	_____	_____	_____	_____
Screening Module & Post Test	_____	_____	_____	_____
WIC Food Package Module & Post Test	_____	_____	_____	_____
Nutrition Risk Factor Module & Post Test	_____	_____	_____	_____
Observation Checklist	_____	_____	_____	_____
Chart Audit Checklist	_____	_____	_____	_____
<u>Level II</u> (Complete within 6 months of employment)				
Prenatal Nutrition Module & Post Test	_____	_____	_____	_____
Breastfeeding Module & Post Test	_____	_____	_____	_____
Infant Nutrition Module & Post Test	_____	_____	_____	_____
Preschool Nutrition Module & Post Test	_____	_____	_____	_____
Basic Nutrition Module & Post Test	_____	_____	_____	_____
<u>Level III</u> (Complete within 12 months of employment)				
Value Enhanced Nutrition Assessment online module	_____	_____	_____	N/A

SECTION II: INTRODUCTION TO THE WIC PROGRAM

PERFORMANCE OBJECTIVES

Upon completion of this section, you should be able to:

1. Define and describe the WIC Program to an applicant.
2. Identify the federal agency that administers the WIC Program.
3. Identify the state agency that directs the WIC Program in Colorado.
4. Discuss at least three ways the State's role differs from the local agency's (county's) role in the administration of the WIC Program.
5. Use the Colorado WIC Program Procedure Manual as the source to retrieve information on WIC Program policies and procedures.

UNDERSTANDING THE WIC PROGRAM

View the video *Welcome to WIC*. Listen for information regarding who is eligible for WIC, what the WIC foods are and whom they are for, and how WIC checks are used in the store.

Read the Overview of the WIC Program on the following pages. This overview will let you know just how important the WIC Program is to our nation and to Colorado. You will be more successful when you talk to people about "WIC" if you have some enthusiasm and a general understanding of the WIC Program.

Then, answer the "Self Check" following the overview.

OVERVIEW OF THE WIC PROGRAM

What is WIC?

WIC is a program officially named the "Special Supplemental Nutrition Program for Women, Infants, and Children." Congress created the WIC Program because research has shown that when women suffer from malnutrition during pregnancy, they and their unborn children are likely to have health and nutrition problems.

The most important times of a person's development are as a fetus, infant and young child. During these stages the body's future capacity for both physical and mental growth is determined. A proper supply of nutrients, from nutritious foods, can make the difference between a healthy child and one whose nervous system and brain cells never develop to their full potential.

Because women and children with lower incomes are more vulnerable to poor nutritional status, Congress formally recognized the need for free and nourishing foods by passing specific legislation to establish the WIC Program in 1972.

The WIC Program's Main Benefits

The main benefits to the participant on the WIC Program include: nutritious foods, nutrition education, breastfeeding education and support, and health care referrals. These benefits are all provided in a participant-centered manner. The term "participant-centered" refers to having an orientation that takes into account the participant's unique circumstances and perspective. WIC staff should direct the visit and follow all protocols while also striving to develop partnerships with participants based on trust and respect.

Nutritious Foods - The WIC Program provides nutritious food to supplement the regular diet of pregnant women, new mothers, infants, and children under age five who meet income standards and qualify as "nutritionally at risk" based on a thorough nutrition assessment.

The WIC food package is an **individual monthly food prescription** determined by the WIC staff. Some of the foods available include: milk, cheese, eggs, cereal, juice, whole grains, fruits, vegetables, beans, infant formulas, tuna, carrots and peanut butter. The foods in the packages vary. For example, the mother of an exclusively breastfed baby (that is, her baby doesn't receive WIC formula) obtains a few additional types of foods (e.g., carrots and tuna) and larger quantities of some foods (e.g., eggs and cheese), than a breastfeeding woman who feeds her baby with some WIC formula too.

The foods offered on the WIC Program were selected because they are rich nutrients especially important for proper growth and development. These nutrients include:

Protein	Calcium	Vitamin A
Iron	Folate	Vitamin C

The full effect of improving nutritional status is achieved only if the Program participant, not other family members, consumes the WIC foods.

Nutrition Education - The Program also provides nutrition education to adult participants and to the parents and caregivers of child participants. They learn about the participant's specific nutritional needs, the nutrients necessary in the human diet and the foods that contain them. They are taught to shop for nutritious foods and to prepare well-balanced, economical meals.

Breastfeeding Education and Support – The WIC Program provides breastfeeding education and support to prenatal and postpartum participants. This includes:

- breast pumps
- breast pump supplies
- referrals
- classes (in select agencies)
- Breastfeeding Peer Counselors (in select agencies)

Health Care Referrals - A major benefit of the WIC Program is the linkage to health care and community services for families that might otherwise have little contact with those services. WIC encourages all participants to obtain preventive and social service support through referrals to:

- immunizations
- prenatal care
- food banks
- SNAP
- breastfeeding support services
- HIV testing, counseling, and treatment sites
- dental care
- substance abuse help
- Medicaid
- well child clinics
- other community services

Studies have shown that WIC participants are more likely to visit health clinics for early prenatal care and periodic health exams for their children.

Getting On the WIC Program Is Easy

To be eligible, applicants must:

- Fit into a category as an infant, child up to five years of age, pregnant or breastfeeding woman (up to one year postpartum), or a woman who delivered up to six months ago,
- Meet income guidelines (income less than or equal to 185% of the poverty level),
- Live in the county where they are seeking eligibility, and
- Have a documented nutrition and/or medical risk.

To apply, the applicant contacts the WIC clinic, usually by phone, and answers brief questions about their place of residence and income. At the first appointment, WIC staff will perform a thorough nutrition assessment to determine the presence of nutrition risk factors. The assessment consists of the collection of anthropometric measurements (height or length and weight), iron screening (hematocrit or hemoglobin), discussion of health/medical condition(s), nutrition practices, lifestyle (physical activity and substance abuse or exposure to) and personal factors (income, education, culture, etc.). Examples of nutrition risk factors for women are obesity, inadequate weight gain during pregnancy, low hemoglobin/hematocrit, a history of a premature birth, and poor nutrition practices, such as consuming a high protein, low carbohydrate diet. Examples of nutrition risk factors for children and infants are underweight, overweight, slowed growth, low hemoglobin/hematocrit, and poor nutrition practices, such as regular consumption of sugar containing beverages. If eligible, participants receive checks imprinted with their food package to redeem at WIC-approved grocery stores.

Who Supports the Local WIC Program?

Funding for WIC originates with the United States Department of Agriculture (USDA). USDA provides funds to State health agencies, Native American agencies, and other organizations to administer the WIC Program. In Colorado the Department of Public Health and Environment receives the USDA funds. The State WIC Office distributes the money to local WIC Programs. In Colorado, the local programs are part of health care agencies such as health departments, community health centers, and nursing services. Colorado also has a Native American agency that operates independently from the Colorado Department of Public Health and Environment.

The State agency contracts with the local agencies, develops the food delivery systems, and monitors the operations of all local WIC Programs in the State. The local agencies certify participants, keep records, provide nutrition education, and distribute WIC food checks.

Highlights of WIC's History

The WIC Program was established on September 26, 1972, and authorized by Public Law 92-433. Initially, WIC was a small two-year pilot project serving approximately 205,000 participants with a \$20 million annual budget. By the mid-nineties, the Program was serving 9.1million people with an annual cost of about \$7.2 billion.

The WIC Program in Colorado began in 1974. Local agencies served a total of 2,870 participants at the end of 1974. Today Colorado WIC serves more than 100,000 participants.

WIC Research Findings

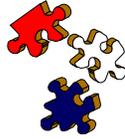
Over 70 evaluation studies demonstrate the effectiveness of WIC and prove medical, health, and nutrition success for women, infants and children.

Numerous studies show that pregnant women who participate in WIC seek earlier prenatal care and consume a more healthy diet. They have longer pregnancies leading to fewer premature births; have fewer low and very low birth weight babies; and have fewer fetal and infant deaths. A low birth weight infant is more likely to face medical issues and even death than an infant born at a normal weight.

Studies show that for every \$1 spent on pregnant women in WIC results in a \$1.92 to \$4.21 in Medicaid savings for newborns (due to the reduced number of low birth weight infants needing extended hospital care) and their mothers.

These findings illustrate the success of WIC's primary elements; nutritious food, nutrition education and health care referrals for women, infants, and children nationwide.

REINFORCEMENT ACTIVITIES:



1. Observe a WIC staff person providing WIC services to a new applicant. As you watch, listen to her description of the following:
 - The services provided by WIC
 - Explanation of WIC and participant's rights and responsibilities
 - The food package the participant will receive
 - Use of the WIC checks
2. Now you practice talking about the WIC Program! After work, talk to friends or relatives about your new job. Tell them what WIC stands for and explain what kind of a program it is. Mention who is eligible, what criteria they must meet and what benefits the applicant receives.

Touring the Colorado WIC Program Procedure Manual

The Colorado WIC Program Procedure Manual will be your central source of information regarding state and federal policies and procedures for administering the Program. It is the most valuable tool a WIC staff member has for the proper operation of the WIC Program. The Procedure Manual contains detailed explanations of all aspects of the Program. This manual is updated annually so make sure you always use the most recent version.



Below are brief descriptions of each section. Follow along and flip through the pages with each section:

- I. Introduction - includes the State Office staff directory along with the Local Agency Directory, a listing of local staff contact information.
- II. General Information - provides a series of questions and answers about the WIC Program. Here you will learn who administers the Program, who is eligible for Program benefits, and which foods are provided to eligible participants.
- III. Federal Regulations - contains a copy of the federal rules and regulations that govern the operation of the WIC Program in all states.
- IV. Program Policy Letters - contains all new policy letters that have been distributed by the State WIC Office to local agencies during the current year. Your agency must update this section throughout the year as policies are rewritten and distributed.
- V. Fiscal Administration - describes the financial record and reporting systems required of local WIC agencies by the State WIC Office.
- VI. Retailer Participation - provides necessary information about how the WIC Program coordinates with the grocery stores that accept WIC food instruments (checks). You will learn what the responsibilities of the state and local WIC Program are, as well as the duties of the retailer (grocer).

- VII. Eligibility Guidelines - describes the standards used to determine whether applicants are eligible for WIC Program benefits. In this section it also describes the “Explanation of WIC” and a participant’s rights and responsibilities.
- VIII. Clinic Procedures - describes in detail how the WIC Program operates in Colorado. It provides instructions on daily clinic procedures including, enrolling applicants, selecting food packages, producing and using food instruments, scheduling, appointment policies, and implementing the Breast Pump Loan Program.
- IX. Nutrition Education/Breastfeeding Promotion & Support - provides information about how nutrition education services are delivered to WIC participants and documented in the WIC records. It also contains a list of WIC’s Breastfeeding Education Standards.
- X. Special Populations - describes the procedures for providing WIC benefits to populations needing special assistance such as homeless and migrant populations.
- XI. Monitoring - describes the procedures for evaluating local agency Program operation including Program management, nutritional assessment, education, civil rights compliance, accountability, and financial management. Directors, administrators and supervisors should read this section completely.
- XII. Fair Hearings - a guide for local and state administrators on how to implement fair hearing procedures for WIC participants who feel they have been denied benefits or treated unfairly by the local WIC agency.
- XIII. Civil Rights - outlines the procedures for complying with the Civil Rights Act of 1964 and USDA Regulations regarding civil rights, including processing complaints, collecting ethnic/racial data, and reviewing local agency compliance.
- XIV. Legislation - provides information describing the process that affects the regulations and funding levels of the WIC Program bill.
- XV. Outreach/Referral/Substance Abuse Referral - describes techniques to promote and advertise the WIC Program to potential participants. The section also describes the role of the WIC Program in directing participants to other services in the community, as necessary.
- XVI. Local Staffing - outlines suggested job descriptions for each local agency WIC position. The section also includes an outline of the WIC Certification Program requirements.

SECTION III: INTRODUCTION TO ELIGIBILITY REQUIREMENTS

PERFORMANCE OBJECTIVES

Upon completion of this section, you should be able to:

1. Discuss the four criteria for an applicant to be eligible for the WIC Program.
 2. Determine if an applicant is eligible, given certain criteria.
 3. Use the Colorado WIC Program Procedure Manual to find information when eligibility questions arise.
 4. Identify the minimum medical nutrition data required at a certification appointment.
 5. Explain to an endorser the certification periods for a WIC participant.
 6. Discuss *categorical ineligibility* to a participant.
 7. Describe the priority system and identify which priorities are at higher medical/nutrition risk.
 8. Find the procedures for proper processing standards for new applicants in the Colorado WIC Program Procedure Manual.
 9. Describe process for making someone ineligible.
 10. Define and discuss the other USDA-funded sister nutrition Program in Colorado. Identify the counties who host both these Programs.
-

Using the Eligibility Guidelines

Practice Using the Eligibility Guidelines Section of the Procedure Manual: First look through Eligibility in the Procedure Manual to learn the major topics presented. Then refer to the manual to answer these questions:

1. You receive a call from a woman who is breastfeeding her 13 month old. She wants to know if she is eligible. Is the mom eligible? _____
2. The Diaz family walks in wanting to know if they are eligible for the WIC Program. The family consists of Maria, who is pregnant, Mark, her husband, and their two children: Alfonzo, a 2 year old boy and Sophie a 6 year old girl. The family makes \$30,000 annually.
 - Would the family be income eligible for the WIC Program? (Use the income guidelines in the manual.)

- Which members of the family are categorically eligible?
3. Debbie Morgan calls. She is a single parent of a one month old baby. The baby was premature and is being fed a special formula through a tube to receive extra calories. The mother works full time and makes \$2,900 a month. No one in the family receives Medicaid.
- Would the family be income eligible for the WIC Program?
 - Which members of the family may be categorically eligible?

Answers

1. No, because she doesn't fit into any of the 3 categories:
 - Pregnant,
 - Breastfeeding women up to their baby's first birthday,
 - Non-breastfeeding women up through 6 months postpartum.
2. Yes, they would be income eligible. Because Maria is pregnant, she and the fetus count as two members of the household. Maria and Alfonzo would be categorically eligible.
(Find under Eligibility - Definitions of WIC Population and Financial Eligibility Criteria - DHHS Income Poverty Guidelines)
3. No, she is over income for her family size. Both mom and baby are categorically eligible but not income eligible and therefore would not qualify for WIC.
(Find under Eligibility - Financial Eligibility Criteria - DHHS Income Poverty Guidelines and Definitions of WIC Population)

Becoming Familiar with the WIC Participants' Rights and Responsibilities

The WIC Rights and Responsibilities Form describe the WIC participant's rights and responsibilities. It is very important that they sign the Compass signature pad to indicate that they understand all the information on the form.

Read the WIC Rights and Responsibilities Form on the following page. Use a highlighter pen as you read the form to identify the key points. Summarize these points in your head so that you will be able to explain the information to the person who chooses not to read the form or has questions.

Observe and listen to WIC staff explaining the WIC Program to participants and asking them to sign the signature pad. Note there are items listed in the box at the bottom to remind you of what to discuss.

The form is in English and Spanish on the other. You may need to explain the points to an interpreter for a person who speaks another language.

Colorado WIC Program RIGHTS AND RESPONSIBILITIES

Participant Rights:

If I disagree with any decision that affects my WIC eligibility or WIC benefits, I have 60 days from the date of notice to file an appeal and ask for a Fair Hearing.

Information on how to request a Fair Hearing may be obtained from this WIC Agency or from the Colorado WIC Program at: Colorado Department of Public Health and Environment, WIC Program, 4300 Cherry Creek Drive South, Denver, CO 80246, (303) 692-2400.

Continuation of benefits may be requested pending the outcome of the Fair Hearing appeal. The request for continuation of benefits must be filed within 15 days from the date of this notice. However, benefits cannot be continued beyond a participant's certification period.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Participant Responsibilities:

- I will notify the WIC clinic if my income changes.
- I know I will be receiving federal assistance. Program officials may verify information I have given. I know that if I don't tell the truth I may not get WIC checks or I may have to pay back money for WIC checks already cashed. I may also be prosecuted under state and federal law.
- I know it is important to keep WIC appointments. If I cannot make an appointment, I will call in advance to reschedule. If I fail to pick up checks two months in a row I know I may be removed from the program.
- I will treat clinic staff and store employees with respect by voicing complaints politely with no verbal or physical abuse.
- When using checks, I will not: sell or return WIC foods for cash, credit or other items, alter or change the WIC check, sell a WIC check, cash checks reported as lost or stolen, use a store not approved by Colorado WIC, get foods not listed on the check or the Allowable Foods List, or cash checks in the wrong month or on dates not listed as valid on the check.
- If I misuse WIC benefits I may be taken off the WIC program and/or asked to pay back money for WIC checks already cashed.
- If my checks are lost or stolen, I understand that they may not be replaced.
- I will not attempt to get benefits from more than one WIC clinic at a time.
- I understand that one individual cannot get benefits from both WIC and the Commodity Supplemental Food Program (CSFP) at the same time. If I wrongly accept benefits from both programs, I may be asked to pay back money for the WIC checks already cashed.
- I am responsible to ensure that my alternate shopper adheres to these same responsibilities.

Statement of Agreement:

- I understand that I will receive information about food and health.
- I agree to the statements above and know that if they are not followed I may be taken off the program.
- The financial and eligibility information I provided is true to the best of my knowledge.
- I understand when this certification period ends.
- I understand that information collected by WIC may be shared with my care provider and the following programs: Immunizations, Nurse Home Visitor Program, Public Health Nursing, Child Health Program, EPSDT, Prenatal or Prenatal Plus, Family Planning, the Health Care Program for Children with Special Needs, CSFP, Head Start (by local agreement), or other WIC Programs.

Certification Periods

The certification period is the time during which a participant is eligible to receive services. The *certification end date (CED)* is the day a participant comes off the Program. The following example illustrates certification periods for a child (a six month certification period) using WIC's computer system, Compass.

A child, John, is certified on January 21:

His certification period is January 21 to June 30

His CED is June 30

Note:

The CED will always be the last day of the month. The computer system allows you to recertify participants up to 30 days before a participant's CED. Staff can find participant's CED in the Compass participant header. More specific information can be found on the Certification panel in Clinic Services.

Applying the Priority System

By now you may understand that women, infants and children on the WIC Program all have some nutrition concerns that qualify them on the WIC Program. These are Nutrition Risk Factors (NRFs).

Go to the Eligibility Section of the Procedure Manual to find the table of Nutrition Risk Factors which lists and provides brief explanations of all the possible nutrition risk factors for each category of WIC applicants (e.g., pregnant women, breastfeeding women, infants). Familiarize yourself with the risk factors. Glance at the different risk factors. For practice, try to learn if you, your child, or a friend might have a risk factor that would potentially qualify them for WIC.

Unfortunately, there are times when changes in WIC funding affect who your Program can serve. Funding for the WIC Program is determined through a yearly budget process. If funding is adequate, all eligible people can participate on WIC. However, if funds are tightened or cut, some otherwise eligible people cannot be put on the Program.

There is a system to follow to know who can participate immediately and who must be placed on a waiting list. It is a "Priority System." In WIC there are six priorities (1-6); Priority 1 being the highest, and Priority 6 the lowest. When WIC clinics must cut back who they serve, it is the Priority 6 people who are first put on a waiting list.

Now look at the Nutrition Risk Factors again. You will note next to the nutrition risk factor definition is a column that lists the corresponding priority. The computer system automatically assigns a participant's priority based on their assigned nutrition risk factors.

Nutrition Assessment

To assess or measure a person's nutritional status in WIC we collect information and assess the following areas:

1. Measurements (length/height and weight)
2. Iron Status (hemoglobin or hematocrit)
3. Health/Medical Conditions – collected during the Nutrition Interview
4. Nutrition Practices – collected during the Nutrition Interview
5. Lifestyle (physical activity and substance abuse or exposure to) – collected during the Nutrition Interview
6. Personal (income, education, culture, etc.)

We gather this information from the participant in a variety of ways including in the nutrition interview, and by taking the participant's measurements. .

Nutrition Interview

The Nutrition Interview in Compass contains a series of questions designed to assist staff with identifying nutrition risk factors for all participant categories. There are five Nutrition Interviews: Pregnant Woman, Breastfeeding/Not Breastfeeding Woman, Infant Breastfeeding/Partial, Infant Formula Feeding and Child Interview.

Understanding the Nutrition Interview:

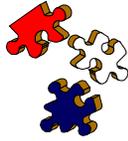
Compass will determine the appropriate interview based on the participant's category and breastfeeding status. When a new Nutrition Interview is created there are buttons along the side of the interview (e.g., Health/Medical, Nutrition Practices, Life Style, Social Environment, Breastfeeding Support, Breastfeeding Preparation, Immunization, and Oral Health). Not all of these buttons are available for every participant category. The different buttons pertain to areas of assessment. Within each of these buttons are questions used to assess the participant's health and nutritional status. In addition there are text boxes where staff can enter information and radio buttons that can be clicked for nutrition risk factor assignment. Finally, make note of the questions in bold font. These bolded questions are used for data reporting.

The computer will also automatically enter some "objective" risk factor codes. For example, if you enter a woman's birth date and the computer calculates her age as 15 years, she will automatically be risked with NRF 331A (less than 16 years old at the time of conception). On the other hand, the computer does not pick up "subjective" NRFs. Subjective risks must be added to the computer by the staff person.

Weight and Height/Length Monitoring Tools

Another way of assessing nutritional status is to weigh and measure participants and record the results in the Anthropometric panel of Compass. There is a weight gain chart in Compass used for pregnant women and weight and length/height charts for boys and girls. You will learn more about weighing, measuring and monitoring in the Screening Module.

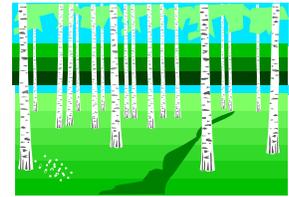
REINFORCEMENT ACTIVITY



Now, observe in the clinic. Watch someone being enrolled. Jot down your observations and answer the following questions:

1. What questions are asked to determine eligibility?
2. What measurements are taken?
3. What does the staff person tell the new enrollee about their rights and responsibilities?
4. What areas does the staff person assess to complete a thorough nutrition assessment?

SECTION IV: INTRODUCTION TO COMPASS



PERFORMANCE OBJECTIVES:

Upon completion of this section, you should be able to:

1. Identify proper sitting, hand and arm positioning while using the computer.
 2. Understand how WIC information flows throughout the State through computers.
 3. Identify the type of computer configuration located in your clinic.
 4. Understand basic computer terms used in the WIC new employee training.
 5. Locate the Compass User Help in the Compass system.
-

Positioning Yourself as the Computer

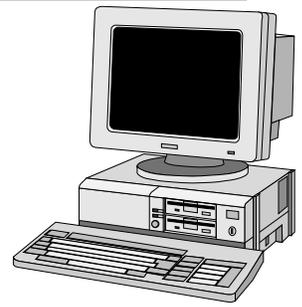
Adjusting the equipment you will use in WIC to your stature is also important. Even though you will be getting up and down a lot in your new position, review the following information to make sure you have an ergonomically safe working environment.

First sit down at your desk/computer work space and get in the practice of using good posture. Correct sitting posture can minimize back, neck, arm and hand strain when you are working at a desk throughout the day or when you are sitting in front of a computer. The diagram below demonstrates proper sitting posture and hand positioning when working on a keyboard. Note the right angles at the person's knees, elbows, ankles and torso. Also notice how the person is looking directly into the monitor, not down or up. The diagram below demonstrates good hand positioning when working on a keyboard. Now, adjust your equipment to develop good posture.



Compass Computer Terminology

Central/State/Database/Web Server: Servers located at the State data center that store data that is downloaded to a WIC computer via Compass. It is a large computer that stores information from all WIC computers in the state.



Connected Mode: When a clinic connected to Compass via the internet.

Clinic/Network Downtime (NDT): When a connected clinic no longer has access to the internet, they operate on a local server and not the state server.

Clinic/Network Downtime (NDT) server: One of the clinic computers that contains a back up copy of the clinic's data.

Disconnected Mode: When a clinic that is not connected to the internet and connects to Compass on the computer's hard drive.

Food Instrument (FI): Same as check or food voucher.

Hardware: The physical equipment (monitor, keyboard, computer, printer, & signature pad), that comprise your computer system.

Local Area Network (LAN): Links computers within one clinic to share information and printers.

Local Printer: A printer that is connected directly to a computer.

Local Server: A computer that stores information from all other personal computers in a clinic.

Magnetic Ink Character Recognition (MICR) Printer: This is the printer used to print Food Instruments. It uses a special toner that allow the bank to read the account information printed at the bottom of the FI.

Multi-Function Printer: A three in one device that prints, scans, and faxes.

Network Printer: A printer that is available to all clinic computers.

Signature Pad: A device that captures participant's signatures and saves the signature in the Compass system. It is directly connected to a computer.

Software: The programs of instructions that tell the computer what to do.

Synchronization: A sharing of information between the local server and the state server. This is done for disconnected clinics.

Web-based system: Compass is a web-based system which means it resides on a server that is accessible via the web. Information is transferred over the internet.

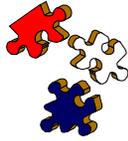
Using the *Compass Users Manual*

Learning Compass is best done through observing coworkers and on-the-job training. However, you have a reference available -- the *Compass User Help* where many answers can be found. The User Help describes procedures for doing many Compass system activities and provides information on various screens. Additionally, there are times when you will need to contact the Compass Application Support Phone System.

-
- Application Support: ·
 - ▪ Use the application support system for Compass-related questions. ·
 - ▪ Suggested Procedure: ·
 - < Use application support for decisions (vs. majority rules) ·
 - < Follow the instructions provided in the recording to access the appropriate ·
 - mailbox. Do not bypass the message. ·
 - < Provide the information requested. Speak slowly and clearly! ·
 - ▪ Hours: 7:30 a.m. – 5 p.m. Monday-Friday ·
 - ▪ Phone numbers: Local 303-692-2307, Long distance 1-800-306-9918 ·
 - ▪ Email: wicinfo@state.co.us ·
 -
-

Locate the Compass User Help within the Compass system

REINFORCEMENT ACTIVITY



1. Observe a WIC staff person working at their computer:
 - ✓ Do you see right angles at the person's knees, elbows, ankles, and torso?
 - ✓ Is the person looking directly into their monitor (not up or down)?
2. Go to your designated workspace. Adjust your chair, keyboard, and monitor as appropriate. Talk to your supervisor if you have questions.

SECTION V: CIVIL RIGHTS

PERFORMANCE OBJECTIVES:

Upon completion of this section, you should be able to:

1. Define WIC's policy on Civil Rights.
 2. State six protected classes.
 3. Explain why it is important for WIC programs to follow Civil Rights rules and regulations.
 4. Explain how to correctly process a Civil Rights claim.
-

Civil Rights & the WIC Program

WIC Policy

“No person shall be excluded from participation in, denied benefits of, or otherwise subjected to discrimination by the WIC Program on the grounds of race, color, national origin, sex, age or disability.”

Legislative History

WIC Civil Rights policy resulted from the following:

- ◆ Title VI and VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in Federally Assisted Programs (i.e., WIC, SNAP).
- ◆ Title IX of the Education Amendments of 1972 is designed to eliminate discrimination on the basis of sex or gender in any educational program or activity receiving Federal financial assistance. Title IX covers the WIC Program because of the required nutrition education component.
- ◆ Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap or disability in programs and activities receiving or benefiting from Federal financial assistance.
 - The WIC Program has a responsibility to provide services to handicapped or disabled participants that:
 - Are equal to those provided to non-handicapped or non-disabled participants
 - Are in the most integrated setting appropriate to each person's needs
 - Don't limit participation because of the handicap or disability
 - Don't deny them the opportunity to serve on a planning or advisory board because of a handicap or disability
 - Allow full participation without physical barriers restricting access to the Program
- ◆ The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability.
- ◆ The Age Discrimination Act ensures that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
 - Because Section 17 of the Child Nutrition Act of 1966, as amended, defines the purpose of the WIC Program as provision of benefits specifically to pregnant women, breastfeeding women, postpartum women, infants, and children of certain age limitation, the eligibility determination according to age in itself is not a violation of the civil rights laws.

WIC Civil Rights Activities

Colorado WIC is required to:

1. Collect data on applicant/participant race/ethnicity.
 - Data is used to generate reports required by the Federal government.
 - Self-identification is the preferred means of obtaining information about an individual’s race and ethnicity.
 - Staff are required to clearly explain that the information is only for statistical use by USDA and WILL NOT be used for any other purpose.
 - Data collected has NO effect on eligibility.
 - Ethnicity is reported as:
 - **Hispanic or Latino – Yes or No**
USDA definition: “*Hispanic or Latino*. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race. The term, ‘Spanish origin,’ can be used in addition to Hispanic or Latino.”
 - Race is reported as:
 - **American Indian or Alaskan Native**
USDA definition: “*American Indian or Alaska Native*. A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.” (**Native to North, South, or Central America**)
 - **Asian**
USDA definition: “*Asian*. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.”
 - **Black**
USDA definition: “*Black or African American*. A person having origins in any of the black racial groups of Africa. Terms such as ‘Haitian’ or ‘Negro’ can be used in addition to ‘Black or African American.’”
 - **Native Hawaiian or Other Pacific Islander**
USDA definition: “*Native Hawaiian or Other Pacific Islander*. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.”
 - **White**
USDA definition: “*White*. A person having origins in any of the original peoples of Europe, Middle East, or North Africa.”
- The State WIC Office ensures that racial/ethnic beneficiary data are collected and maintained on file for three years for all local WIC agencies.
- State agencies and the Federal government use the data during routine compliance reviews to determine how effectively the Program is reaching potentially eligible participants, identify areas where additional outreach is needed, and assess compliance with the Title VI Civil Rights Act of 1964.
2. Give public notification:
 - WIC is required to have a system in place to inform applicants and participants of their rights and responsibilities.

- Federal regulations require that the following non-discrimination statement be used on all materials used to inform the public about or describe the WIC Program (such as outreach and referral materials), denial and termination letters, missed appointment policies, reminder materials, eligibility standards, and program applications.
 - Nondiscrimination Statement:

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

A civil rights statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the WIC Program, when size or configuration make it impractical. In addition, recognizing that radio and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as **"WIC is an equal opportunity provider"** is sufficient to meet the nondiscrimination requirement. Finally, nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the program are not required to contain the nondiscrimination statement.

If internal and interdepartmental newsletters, as well as those meant for participants and/or other outside agencies, convey WIC benefits and participation requirements, they most likely are a part of the notification process and should include the non-discrimination statement.

This requirement can be met by including appropriate inserts in existing materials and publications. Also, when current materials, publications, pamphlets, and brochures have been exhausted, the non-discrimination statement must be included on all reprints and new materials.

- Nondiscrimination poster:
The nondiscrimination poster, *And Justice for All*, MUST be displayed in a prominent place at all clinics.

3. Give Program information in the appropriate language spoken by the person.
4. Have bilingual staff or other translation resources available to non-English speaking persons.
5. Ensure WIC offices are accessible for persons with disabilities.
6. Address the needs of participants who live in rural areas.
7. Accept all complaints alleging discrimination based on race, color, national origin, sex, age, or disability.
 - Any person alleging discrimination can file a complaint within 180 days of the alleged discriminatory action.

- All civil rights complaints must be accepted: (see next page for sample reporting form)
 - Written, oral or anonymous
 - Information needed includes:
 - Complainant's name, address, and telephone number
 - Date and location of the incident
 - Nature of the incident
 - Basis for the complaint – race, age, disability, etc.
 - Description of what occurred
- What to do if you receive a civil rights complaint:
 - Notify your WIC supervisor immediately
 - Provide forms for written complaints OR take detailed notes of oral complaints
 - Document complaint in the Customer Service Log in the Compass system and the WIC Customer Service Complaint Reporting Form (Form #80) if the complainant is a participant.
 - Report complaints immediately
 - For more details see *Colorado WIC Program Procedure Manual*, Civil Rights section

See the next page for *example report*

WIC Civil Rights/Customer Service Complaint Reporting Form

STAFF USE ONLY FOR CIVIL RIGHTS COMPLAINTS:

Received or completed by: _____ **Date of report:** _____
(Name of WIC local or State representative)

Date faxed to State Office: _____ *(Within 2 days of initial report if potentially a civil rights complaint)*

Date mailed to USDA: _____

USDA, Director, Office of Adjudication
1400 Independence Avenue SW
Washington D.C. 20250-9410

1. Complainant's Information (best means of contacting)

Name: _____

Address: _____

Telephone number: _____

2. Date of Incident (or duration of actions): _____

3. Type of Complaint: **Customer Service** _____ **Civil Rights** _____
Please list basis of discrimination (e.g., based on race, color, national origin, sex, age, or disability):

4. Nature of Incident: Individual, agency, or retailer name toward whom complaint is directed:

Location of the incident: _____

Brief description of what happened: _____

5. Written statement: Whenever possible, attach a signed written statement by the complainant describing when, how, and why the participant felt discriminated against. If WIC staff must document the complaint for the participant, encourage the participant to read the statement below and if they are in agreement, have them sign and date it.

The information recorded on this form represents the truth, as I understand it:

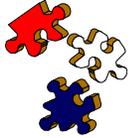
(Complainant's signature/date)



Local Agency Use Only

Local Agency Response (policy clarification, corrective action, staff training, etc.) and **Follow-Up Plan with staff:**

REINFORCEMENT ACTIVITY



1. Practice talking about the WIC Program. Explain to a co-worker the six protected classes under WIC Civil Rights policy.
2. Discuss with your supervisor the differences between civil rights complaints and customer service complaints.

SECTION VI: PROVIDING DRUG ABUSE INFORMATION IN THE WIC PROGRAM

PERFORMANCE OBJECTIVES:

Upon completion of this section, you should be able to:

1. Identify WIC's role in providing information about the risk of alcohol, tobacco and other drugs.
 2. Identify why alcohol, tobacco, and other drugs are incompatible with good nutrition.
 3. Identify risks of alcohol, tobacco and other drugs use to the fetus during pregnancy.
 4. Identify possible effects of alcohol, tobacco and drug use on breastfeeding for the breastfeeding mother and for the breastfed infant.
 5. Identify Colorado WIC Program's method of screening participants for alcohol and other drug use.
 6. Identify methods and demonstrate ability for providing alcohol, smoking and drug information and referrals to WIC participants.
 7. Identify resources available for informing WIC participants on the dangers of alcohol and other drug use during pregnancy.
-

WIC Policy

WIC is required to provide participants with information about the dangers of drug abuse and, if appropriate, refer these women for further assessment and treatment AND to coordinate with alcohol and drug abuse treatment services and to distribute a list of local resources. These requirements come from the Anti-Drug Abuse Act of 1988 and The Child Nutrition & WIC Reauthorization Act of 1989.

Rationale

Smoking, exposure to secondhand smoke, alcohol and drugs present health risks for all categories of WIC participants.

During pregnancy, a mother's exposure to these substances can result in poor pregnancy outcomes such as birth defects, low birth weight, small for gestational age and prematurity (being born more than 3 weeks before their due date).

Infants who are exposed to drugs in the womb experience withdrawal after birth.

Smokers and those exposed to secondhand smoke have increased risk for developing asthma and other respiratory illness. The risks for infants and young children are especially high because they are growing so rapidly.

A breastfeeding mother passes on the chemicals that she has been exposed to. Infants are less able to process these.

Drug and alcohol abuse can lead to impaired ability of caregivers and result in abusive family situations and neglect.

Smoking, alcohol, and drug use also have negative effects on nutrition:

- Tobacco, alcohol, and other drugs tend to suppress the appetite and can therefore interfere with healthy eating habits and normal weight gain during pregnancy.
- Drugs can deplete the pregnant woman and her fetus of the nutrients needed for healthy growth.
- Cyanide in cigarette smoke strips nutrients from food so that the fetus is deprived.
- Alcohol can interfere with the absorption of essential nutrients and may decrease the supply of needed nutrients to the fetus.
- The placenta provides nourishment and oxygen to the fetus; substances ingested have the potential to get to the fetus through the placenta.

WIC Recommends:

- **Abstinence**—scientists know that these substances can cause harm. Each person is different and so is each situation. Sometimes a small exposure can cause a great deal of harm. There are no “safe limits” and any exposure is a gamble.
- **Get help**—Cigarettes, alcohol and drugs each contain addictive substances. People who want to quit can increase their chance of being successful at quitting by getting help and support. WIC staff should become knowledgeable about resources for referral.

Pregnancy and Smoking:

- Smoking causes a decrease in the amount of oxygen the baby receives causing the baby to be born too small. In other words, the baby may not get enough oxygen for adequate growth. In addition, cigarettes contain thousands of chemicals such as carbon monoxide (gas that comes out of car exhaust), acetone (found in nail polish remover), ammonia(found in toilet cleaner), and formaldehyde (used to preserve dead bodies). Smoking is also associated with prematurity and sudden infant death syndrome (SIDS).

Pregnancy and Alcohol:

- Infants exposed to alcohol in utero can suffer physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.
- Alcohol can damage the fetus by:
 - Constricting the blood vessels, alcohol interferes with blood flow in the placenta, which hinders the delivery of nutrients and oxygen to the fetus.
 - Triggering cell death in a number of ways, causing different parts of the fetus to develop abnormally.
 - Creating toxic by-products that may become concentrated in the brain of the fetus when the alcohol is broken down by the body.
- More severely affected infants are classified as having Fetal Alcohol Syndrome (FAS). FAS is characterized by abnormal facial features, growth deficiencies, and central nervous system (CNS) problems. People with FAS might have problems with learning, memory, attention span, communication, vision, hearing, or a combination of these. These problems often lead to difficulties in school and problems getting along with others. FAS is a permanent condition. It affects every aspect of an individual’s life and the lives of his or her family.

Pregnancy and Drugs

- Drugs can cross the placenta resulting in birth defects and fetal death
- Drugs can impair the placenta leading to poor fetal growth
- Drugs can also cause miscarriage and preterm birth
- Babies born to moms who use drugs can be born addicted

Breastfeeding and Smoking

- Chemicals in cigarettes can interfere with milk production and can lead to inadequate milk supply and early weaning
- Chemicals in cigarettes can interfere with the let-down reflex
- Mothers who smoke should wait to smoke until after a feeding to minimize the chemicals in her breast milk.

Breastfeeding and Alcohol

- Alcohol can reduce the let down reflex and the quantity of milk
- Breastfeed before drinking
- If a mother drinks to excess, she should pump and dump the next feeding

Breastfeeding and Drugs

- A woman who is taking prescription medications should talk with her doctor about their safety during breastfeeding. Many prescription medications can be taken safely during breastfeeding.
- Illegal drugs should not be taken while breastfeeding. These drugs can get into the breast milk and affect the infant. Stimulant drugs such as amphetamines can make infants irritable. Drugs like heroin, marijuana, and methadone can make infants feel poorly and drowsy. Exposure to drugs can also make infants drug-dependent.

Specific Drugs and Their Effects

Drug	Possible Effects
Alcohol (beer, wine, coolers)	Use may increase risk of spontaneous abortion, premature delivery, vaginal bleeding, premature separation of the placenta, fetal distress, intrauterine growth retardation, low birth weight. No level of alcohol consumption has been proven to be free from risk.
Amphetamines (speed, uppers, crystal, meth)	Use may increase risk of premature delivery, low birth weight and fetal abnormalities. Infants whose mothers used amphetamines while pregnant also may have abnormal sleep patterns, tremors, rigid muscles, and may feed poorly.
Cocaine (coke, snow, blow)	Use of cocaine increases the risk of spontaneous abortion, placental separation, premature delivery, low birth weight and shorter length, cerebral infarction, reduced head circumference, and neurological abnormalities. Infants of cocaine-using mothers may have problems with muscle control and the ability to orient.
Crack (rock)	Use of crack increases the risk of premature delivery, growth retardation, and reduced head circumference. Increased risk of spontaneous abortion, placental separation, cerebral infarction, and neurological abnormalities.
Hallucinogens (PCP, LSD, Peyote)	PCP readily crosses the placenta, but little is known about effects. A small study showed infants had more instability and were less easily consoled than other drug exposed infants.
Inhalants (glue)	Defects similar to those in FAS—abnormal facial features and mental retardation.
Narcotics (heroin, smack)	Toxemia, stillbirth and neonatal death, premature placental separation, eclampsia, placental insufficiency, breech, premature labor, ruptured membranes. Infants may exhibit withdrawal symptoms.
Sedatives, Hypnotics, Tranquilizers (valium, ativan, downers, ludes)	Use during 1st trimester increases risk of fetal malformations including cleft palate, lip anomalies, malformations of the heart, arteries, and joints. Use during the last months of pregnancy associated with withdrawal symptoms for infant.
Tobacco (chew, cigars, pipes, and snuff also)	Use of tobacco increases the risk of placental separation, vaginal bleeding during pregnancy, low-lying placenta, ruptured membranes, premature birth, low birth weight and shorter length. Also associated with increased incidence of miscarriage, fetal death and stillbirth. ✓ Babies of smokers are more likely to die of SIDS ✓ Environmental tobacco smoke can cause respiratory conditions in newborns. ✓ Children of smokers are more likely to become smokers than those whose parents do not smoke.

AOD/Tobacco Use Nutrition Risk Factors

The Colorado WIC Program screens all participants for AOD (alcohol or other drugs) use through questions in the Nutrition Interview. Based on participant responses the following nutrition risk factors are applied:

- NRF 371: Use of cigarettes
- NRF 372A: Use of alcohol
- NRF 372B: Use of illegal drugs
- NRF 60: Postpartum use of alcohol
- NRF 904: Environmental Tobacco Smoke Exposure

Participant Education

ASK: every participant if they smoke (or are exposed to second hand smoke), drink or use drugs

ADVISE: give a clear message explaining the dangers of the behavior and the advantages of quitting

ASSESS: the participant's interest in quitting. For participants who are "not ready to quit" ask them to discuss their reasons. Often people who have addictions are afraid that they won't be successful. You may be able to help them by providing a referral to an agency that can assist them.

ASSIST: If the participant is willing, refer her to an appropriate agency or program. Some things that you can do to help increase the chances that the participant will follow through with the referral:

- Give the participant written information with the name, address and telephone number.
- Call the agency while the participant is in the office to set up the visit.

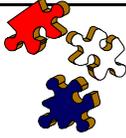
ARRANGE: Follow up with the participant to see how things are going.

Providing Information

WIC is required to maintain and make available a list of local resources. Receiving such a list may prompt some participants to voluntarily seek out services. This information can be featured on bulletin boards, posters, in individual discussions, group session, or distributed as handouts or flyers.

- Non-Judgmental Focus
 - Scare tactics are inappropriate.
 - Guilt is not productive and will not motivate a pregnant woman to change nearly as effectively as praise.
 - Negative comments will not motivate.
 - Keep the prevention message positive!
 - Examples of negative comments:
 - Your drinking has already damaged your baby.
 - If you really loved your baby, you would not drink so much.
 - Continued drinking will ruin your health and prevent your child from developing normally.
 - Examples of affirming statements:
 - If you stop drinking now, you have a better chance of having a healthy baby.
 - Your concern for your baby will help you be a good mother.
 - You will feel better when you are sober and so will your child.
- **Techniques for Delivering Effective Messages**
 - Show compassion
 - Be accurate and specific
 - Be realistic and positive
 - Use active listening skills

REINFORCEMENT ACTIVITY



Role-play the following with your trainer.

1. Discuss WIC's role in providing information about AOD.
2. Discuss our basic recommendation about AOD and why WIC has this "simple message."

SECTION VII: PROVIDING REFERRALS IN THE WIC PROGRAM

PERFORMANCE OBJECTIVE:

Upon completion of this section, you should be able to:

1. Identify WIC's role in providing referrals.

WIC Policy

One of the functions of the WIC Program is to identify problems or concerns and refer participants, as indicated, to appropriate community agencies/services. There are two types of referrals:

1. Directing a participant to a medical professional due to a medical need.
2. Directing a participant to other community agencies/services for educational or social needs.

Referral System

In order to have a good system of referrals staff should learn about community services in their local area.

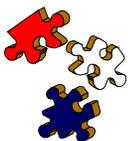
Staff make informal referrals when they tell a participant about a service (e.g., the local food bank) and give information.

A more formal referral happens when staff contacts another agency (e.g., the participant's doctor) to notify a medical need or concern.

Some common referrals in the WIC Program include:

- Expanded Food and Nutrition Program
- Family Planning
- Supplemental Nutrition Assistance Program (SNAP)
- Health Care Program for Children with Special Needs (HCP)
- Head Start
- La Leche League
- Medicaid
- Mental Health Services
- Prenatal Plus
- Nurse Family Partnership
- Temporary Assistance to Needy Families (TANF)
- Public Health Nurse
- Colorado QUITLINE

REINFORCEMENT ACTIVITY



Ask your supervisor if you have a listing of local community services. Review the list and find out more about the services you are unfamiliar with.